THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) The first foundation course on palliative care for cancer patients was organized by Institute Rotary Cancer Hospital, AIIMS, New Delhi at India International Centre on 6th-7th February, 2002 which was inaugurated by Dr. A.K. Walia, Health Minister, NCT of Delhi. As reported by AIIMS the aim of the course was to cover the area of palliative care for cancer patients, pain and symptoms management in patients and the use of morphine in pain management.

(c) to (e) The treatment of cancer is done by Surgery, Radiotherapy and Chemotherapy. The supportive and palliative care is provided by medical doctors for alleviation of pain, swelling, bleeding etc. This is available in Govemment hospitals including medical colleges and district hospitals across the country. The palliative care is also being provided by 19 Regional Cancer Centres recognized by this Ministry besides secondary and tertiary health care institutions.

In addition to above, this Ministry is operating a scheme under which grant-in-aid is provided to NGOs for creating awareness and early detection of cancer.

New drug for Thalassemic patients

4832. SHRI B- J. PANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a new drug for Thalassemic patients has been developed and is in use in the hospitals, whereby a patient is not now required to go to the hospital for blood transfusion again and again;

(b) if so, the details of the drug;

(c) the hospitals where this drug is in use and the number of patients treated in hospitals, so far; and

(d) whether the treatment has been given wide publicity to bring a change in the life of the patients for the better?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Patients of Thalassemia require regular blood transfusions and this results in excess iron collecting in the body. There have been a number of recent drugs and techniques developed to take care of these problems. These include the use of techniques like bone marrow transplantation, oral chelating agents and drugs like hydroxyurea, among others.

(c) and (d) A number of techniques and drugs are being used in different hospitals in the country to alleviate the problems of Thalassemic patients.

Leprosy cases in Andhra Pradesh

4833. DR. DASARI NARAYANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether leprosy cases are on the rise in the State of Andhra Pradesh;

(b) if so, the number of cases detected in the State during the last three years, year-wise and district-wise; and

(c) the steps being taken by Govemment to eliminate leprosy from Andhra Pradesh?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRl A. RAJA): (a) No, Sir.

(b) District-wise number of leprosy cases in the State during the last three years are given at Statement *(see* below).

(c) The following steps are being taken by the Govemment to eliminate leprosy in Andhra Pradesh:

(i) State Leprosy Society has been formed in the State for disbursement of fund to all the District Societies and for overall planning, supervision and monitoring of the programme.

(ii) The State has initiated steps for integration of leprosy with general Health care services for increasing outreach of the leprosy services.

(iii) Modified Leprosy Elimination Campaign (MLEC) for detection of H idden cases was conducted in the State in the year 2001 -02 in which 2794 new cases were detected and were given Multi Drug Therapy (MDT). During MLEC an intensified public awareness campaign was also undertaken.

(iv) Training has been given to all the general health care staff in leprosy.

(v) Training of health staff in disability prevention and care has been planned from current year.

(vi) Grant-in-aid for undertaking survey, education and treatment is being given to the NGOs selected by State Govemment.